Complete and send this form, together was applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected	d below or directed others.	erwise in Block 1, by (a	i) specifying a new co	rrespondence addres	s; and/or	(b) indicating a separ	ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25908	7590 12/12	/2008	•			_	
NOVOZYMES 500 FIFTH AVE SUITE 1600	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
NEW YORK, N	(Depositor's asme)						
			1				(Signature)
			I				(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN		ATTORNEY DOCKET		CONFIRMATION NO.
10/510,386 FITLE OF INVENTION:	10/04/2004 BACILLUS HOST CE	LL	Jous Tonne Anderso	en	1	0294.204-US	9551
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	LASS-SUBCLASS			
VOGEL, NANCY TREPTOW		1636	435-069100	00			
"Fee Address" indip PTO/SB/47; Rev 03-07 Number is required. B. ASSIGNEE NAME AN	ndence address (or Cha /122) attached. cation (or "Fee Address" or more recent) attach ND RESIDENCE DAT/ ess an assignee is ident in 37 CFR 3.11. Comp	nge of Correspondence Indication form ed. Use of a Customer	(1) the names of u or agents OR, altern (2) the name of a sregistered attorney 2 registered patent listed, no name will FHE PATENT (print or data will appear on the T a substitute for filing (B) RESIDENCE: (C	ingle firm (having as or agent) and the na attorneys or agents. I be printed. r type) the patent. If an assign an assignment.	a membernes of up f no name	er a 2 0 to c is 3 entified below, the do	W. Krenicky
Please check the appropriate. The following fee(s) as	ate assignee category or	·	rinted on the patent): D. Payment of Fee(s): (1)	Please first reapply	Corporation		ip entity Government
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5013-01 (enclose an extra copy of this form).				
i. Change in Entity State a. Applicant claims NOTE: The Issue Fee and interest as shown by the re-	SMALL ENTITY statu Publication Fee (if requ	is. See 37 CFR 1.27.	b. Applicant is no	longer claiming SML	ALL ENT	TTY status. See 37 CF	R 1.27(g)(2).
Authorized Signature	Michael	Bunk	ł	Date	S	March:	2009
Typed or printed name	Michae	Trevio	Kq	Registration		45 411	
		FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (persons are required to res					
TOL-85 (Rev. 08/07) A ₃			OMB 0651-0033				MENT OF COMMER